



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name KREIDER		First Name Scott		Middle Name Alan	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 8321 Corinth Place				5. FAX (Optional)		6. E-mail Address (Optional)	
7. City Indianapolis	State IN	ZIP Code 46227	8. County Marion	9. Telephone (Day) (317) 753-9211		10. Telephone (Evening) (317) 881-3223	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) City-County Council, District 23			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Friends for Scott Kreider							
14. Mailing Address <input type="checkbox"/> Check if this is a new address 8321 Corinth Place				15. FAX (Optional)		16. E-mail Address (Optional) Scott.Kreider.District23@yahoo.com	
17. City Indianapolis	State IN	ZIP Code 46227	18. County Marion	19. Telephone (317) 753-9211		20. Committee Organization Date (MM-DD-YY) 01-22-2015	
21. Chairperson's Full Name <input type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Philip C. Borst							
22. Mailing Address <input type="checkbox"/> Check if this is a new address 3315 Shelby St.				23. FAX (Optional)		24. E-mail Address (Optional)	
25. City Indianapolis	State IN	ZIP Code 46227	26. County Marion	27. Telephone (Day) (317) 787-5323		28. Telephone (Evening) (317) 787-5323	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Huntington							
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.) N/A				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.		Person Appointed Treasurer Scott A. Kreider		Signature of the Committee Chairperson <i>[Signature]</i>			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer Scott A. Kreider							
34. Mailing Address <input type="checkbox"/> Check if this is a new address 8321 Corinth Place				35. FAX (Optional)		36. E-mail Address (Optional)	
37. City Indianapolis	State IN	ZIP Code 46227	38. County Marion	39. Telephone (Day) (317) 753-9211		40. Telephone (Evening) (317) 881-3223	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>[Signature]</i>
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Philip C. Borst	Signature of Chairperson <i>[Signature]</i>	Date (MM-DD-YY) 1-19-2016
43. Typed or Printed Name of Candidate Scott A. Kreider	Signature of Candidate <i>[Signature]</i>	Date (MM-DD-YY) 1-19-2016

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

JAN 19 2016

Mylan A. Eldridge